

Afterword

In these two volumes we have explored at some length the tension between the profession of medicine and the profession of arms, and have suggested that this tension is appropriate and desirable. Military medical ethics provides a framework for understanding this tension and working through it to find the best and most ethical solution to the challenges that present themselves, especially on the battlefield. It is our hope that having discussed various views of what ought to comprise such an ethic, our readers will begin to formulate the positions they might take on ethically challenging issues in the future. These positions will be varied. One might ask, then, “Is there an absolute answer to what military medical ethics should be?” Our response would be that many things can be said, by different persons, from many different perspectives. We would offer for your consideration the following comments by Ronald F. Bellamy, MD, the Military Medical Editor of the *Textbooks of Military Medicine*.

Metaethics, the study of the nature of ethical judgments, offers little hope that there will ever be an overarching, universally accepted, and applicable vision of the good that will be binding on everyone at all times and places. For some, religion provides a comprehensive moral vision, but not all hear the same message. At best there are a variety of visions of the good that are held by some with absolute conviction while being denounced by others with similar passion or, more commonly, simply ignored by most. The conflict between competing moral visions becomes especially acute in a secular society such as ours that has a willingness to accept varying viewpoints as long as they do not threaten the stability of the society. The law of the land, especially the 10 amendments to the Constitution that comprise the Bill of Rights, reflects this view. Of course, cynics would say that the law itself is a reflection of the moral vision of whatever group of the society has the most political power. Over time the law is modified as the need arises; thus an all embracing absolute moral vision is unlikely to be found in a democracy such as that of the United States.

In place of an absolute, we find a synthesis of various visions of what individuals take to be the good. As Englehardt said

this taken-for-granted sense of moral propriety is likely not only to be largely unquestioned, but also to appear largely unquestionable. The more one lives within the secular pluralistic embrace of a cosmopolitan society, the more the fabric of taken-for-granted morality will be a cento [a literary work made up from parts of other works] woven haphazardly out of pieces of diverse moral visions.^{1(p33)}

This “taken-for-granted sense of moral propriety” is inculcated in a more intense and formal fashion in a tightly cohesive group such as the military and even more so in other professions such as medicine, religion, or the law. Not surprisingly, there can be conflicts between the exclusive moral visions of these various groups. As such, it should not surprise observers that the ethics of military medicine is the source of more passionate debate than any other aspect of the philosophy of ethics. Nowhere else is there likely to be such a stark and ongoing conflict between what, at times, are radically different views of what constitutes the good. The dialogue, if there is any, seems to be one-sided, medical ethicist talking to medical ethicist while those espousing the ethics of protecting the society (including those who make national policy) talking to their associates, each side arguing that their intuition of what is right and wrong should take precedence.

Medical ethicists, including some physicians, attempt to transpose unaltered clinical ethics as practiced in large US hospitals, where the emphasis is on the principles of beneficence and patient autonomy, to the radically different circumstances of the battlefield. Within the context of a military operation, the attempt to practice civilian medical ethics is likely to be a futile and contentious endeavor. An example taken from the writings of Edmund Pellegrino may suffice to show the chasm that exists. Regarding the rationing of care, a frequent occurrence on the resource-constrained battlefield, Pellegrino has written:

In implicit rationing—rationing carried out by the physician—the physician is forced to act against his own patient's needs. He becomes an adversary, not an advocate.^{2(p19)}

Seen from this view, it would be unethical for triage decisions to be made by a military physician. The only recourse would be for such personnel as physician assistants or medics, or even laymen such as unit commanders—individuals who have not formally embraced the traditional ethical code of the physician nor who have had the same degree of medical training—to make the fundamentally important decision as to who is to be treated and who should be sent back to duty. It should be obvious that the same considerations apply to the civilian mass casualty situations.

Of course, the military physician does not have the expectation or the luxury of delegating these difficult decisions about who should live and who should not, as this would be an abrogation of his duties as an officer, sworn to follow all legal orders and uphold the Constitution of the United States of America. The problem arises when medical ethicists believe in the near absolute priority of traditional medical ethics over all other claims of what the society expects of the physician. Compounding the issue is, as has been pointed out by Bloche in his comments on the writing of Stone, that clinical ethics is a “dialectic of obligations.”^{3(p270)} Help your patient and do no harm. However, it provides no mechanism for ranking the priorities arising from other moral visions of the good (such as defending the nation against an enemy) in the context of medical ethics. Unfortunately, the philosophers of the ethics of war pay scant attention to the issues raised by medical ethics.

Given that some perceive a conflict between the duty of the military physician to his patient and his duty to the larger society, neither ethic provides a mechanism for accommodating the other viewpoint. Given that metaethics provides no way to resolve the conflict between these two senses of the right, we must fall back on the law of the land, which is, after all, a historic consensus of the right and what must be done for there to be a just society. Military physicians should, and do, understand this. Some military physicians may, however, come to the conclusion that their closely held view of the right and the good is such that they find it morally reprehensible to be tasked with carrying out legal military orders. If they find themselves in disagreement with the legal orders affecting their medical duties, they can refuse to perform those duties, understanding that they must also accept the consequences of their refusal. Democratic societies and their militaries, such as the United States, continue to evolve in their shared consensus of the right and the good. Military physicians, by being aware of the tension between the two professions of medicine and arms, help in the evolution of consensus that is so vital to a viable military force.

Sources: (1) Engelhardt HT Jr. *The Foundations of Bioethics*. 2nd ed. New York: Oxford University Press; 1996. (2) Pellegrino ED. Is rationing ever ethically justifiable? [Commentary]. *Pharos*. Summer 2002;18–19. (3) Bloche MG. Clinical loyalties and the social purposes of medicine. *JAMA*. 1999;281(3):268–274.

ABBREVIATIONS AND ACRONYMS

A

AAR: after-action review
 AARP: American Association of Retired Persons
 ABCC: Atomic Bomb Casualty Commission
 ABM: anti-ballistic missile
 ACHRE: Advisory Committee on Human Radiation Experiments
 AEC: Atomic Energy Commission
 AFMPC: Armed Forces Medical Policy Council
 AID: artificial insemination by donor
 AIDS: acquired immunodeficiency syndrome
 AIT: advanced individual training
 AMA: American Medical Association
 AMB: ambulance (company designator)
 AMEDD: Army Medical Department
 AMEDD C&S: Army Medical Department Center and School
 ANA: American Nurses' Association
 ANC: Army Nurse Corp
 ATP: adenosine 5'-triphosphate
 AVF: All Volunteer Force
 AVIP: Anthrax Vaccine Immunization Program
 AZT: azidothymidine

B

BCG: Bacillus of Calmette and Guérin
 BW: biological warfare/weapon
 BW: biological warfare
 BWC: Biological Weapons Convention

C

C4I: command, control, communications, computers, and intelligence
 CAT: Central American type
 CBU: cluster bomb unit
 CDC: Centers for Disease Control
 CFR: Code of Federal Regulations
 CHAMPUS: Civilian Health and Medical Program of the Uniformed Services
 CIA: Central Intelligence Agency
 CIA: Central Intelligence Agency
 CIOMS: Council for International Organizations of Medical Sciences
 CINC: Commander in Chief
 CIRO: Clinical Investigation Regulatory Office
 CLR: clearing (company designator)
 CMR: Committee on Medical Research
 CNN: Cable News Network
 CNS: central nervous system
 CO: conscientious objector
 COHORT: COHesion, Organization Readiness, and Training
 COL: colonel
 CORDS: Civil Operations, Revolutionary Development Support
 CPA: Cooperative Project Assurance
 CPOG: chemical protective overgarments
 CPR: cardiopulmonary resuscitation
 CRL: Climatic Research Laboratory
 CSS: combat service support
 CSTE: Council of State and Territorial Epidemiologists
 CW: chemical warfare/weapon

D

DEA: Drug Enforcement Agency
 DHEW: Department of Health, Education, and Welfare
 DHHS: Department of Health and Human Services

DIVAD: division artillery defense
 DNA: deoxyribonucleic acid
 DNR: do not resuscitate
 DoD: Department of Defense
 DOE: Department of Energy
 DOJ: Department of Justice
 DSM: Diagnostic and Statistical Manual
 DTEs: deployment for training exercises
 DTF: dental treatment facility
 DVA: Department of Veterans Affairs
 DWHRP: Defense Women's Health Research Program

E

EPRD: Environmental Protection Research Division
 EPWs: enemy prisoners of war
 ER: emergency room
 ESAF: El Salvadoran Armed Forces

F

FDA: Food and Drug Administration
 FEHBP: Federal Employees Health Benefits Program
 FLN: Front de libération nationale
 FM: field manual
 FMS: foreign military sales
 FWA: Federalwide Assurance
 FY: fiscal year

G

GAO: Government Accounting Office
 GWS: Geneva Wounded and Sick
 GWS-SEA: Geneva Wounded and Sick at Sea

H

H/CA: Humanitarian/Civic Assistance
 HEC: hospital ethics committee
 HFRS: Hemorrhagic Fever with Renal Syndrome
 HHS: Health and Human Services
 HIPAA: Health Insurance Portability and Accountability Act
 HIV: human immunodeficiency virus
 HMOs: health maintenance organizations
 HQAFMOA: Headquarters Air Force Medical Operations Agency
 HSETC: Health Sciences Education and Training Command
 HSS: Health Service Support
 HURRAO: Human Use Review and Regulatory Affairs Office

I

IBM: International Business Machines
 ICBMs: inter-continental ballistic missiles
 ICH: International Conference on Harmonisation
 ICN: International Council of Nurses
 ICRC: International Committee of the Red Cross
 ICTFY: International Criminal Tribunal for the Former Yugoslavia
 ICTR: International Criminal Tribunal for Rwanda
 IDF: Israeli Defence Forces
 IMET: International Military Education and Training
 IMTFE: International Military Tribunal of the Far East
 IND: investigational new drug
 INF: intermediate-range nuclear forces
 IOM: Institute of Medicine
 IOs: international organizations
 IRB: institutional review board
 IRBs: institutional review boards
 IV: intravenous

J

JA: (designated augmentation team)
JCAHCO: Joint Commission for the Accreditation of Health Care Organizations
JCCC: Joint Combat Camera Center
JNIH: Japanese National Institute of Health
JTF: Joint Task Force
JTF-B: Joint Task Force Bravo

K

KESA: [Center for Military Policy Training]
KIA: killed in action
KP: kitchen patrol

L

LATAM COOP: Latin American Cooperative
LC: (designated augmentation team)
LDRSHIP: loyalty, duty, respect, selfless-service, honor, integrity, personal courage
LEO: Laboratory of Experimental Oncology
LIC: low-intensity conflict
LIDC: Laboratory for Infectious Disease Control
LSD: lysergic acid diethylamide
LT: lieutenant

M

MACV: Military Assistance Command, Vietnam
MAD: mutual assured destruction
MAP: Military Assistance Program
MASH: mobile army surgical hospital
MEDCAP: Medical Civic Action Program
MEDCAPs: Medical Civic Action Programs
MEDLARS: Medical Literature Analysis and Retrieval System
MEDRETEs: Medical Readiness Training Exercises
MHSS: Military Health Services System
MKULTRA: [Code name given by Central Intelligence Agency to a group of projects investigating mind control]
MO: medical officer
MOOTW: military operations other than war
MOS: military occupational specialty
MPA: Multiple Project Assurance
MROE: Medical Rules of Engagement
MTF: Medical Treatment Facility
MTT: Medical Training Team

N

NABUCA: Nation Building Contributions of the Army
NATO: North Atlantic Treaty Organization
NAVCARE: Navy Care [now TRICARE]
NBAC: National Bioethics Advisory Committee
NCI: National Cancer Institute
NCO: noncommissioned officer
NEO: noncombatant evacuation order
NGO: nongovernmental organization
NGOs: nongovernmental organizations
NIH: National Institutes of Health
NIID: National Institute of Infectious Diseases
NMRDC: Naval Medical Research and Development Command
NRL: Naval Research Laboratory
NSA: National Security Agency
NSDAP: *Nationalsozialistische Deutsche Arbeiterpartei* [National Socialist German Worker's Party]

O

OCNR: Office of the Chief of Naval Research

ODS: Operation Desert Shield
ODS: Operation Desert Storm
OFDA: Office of Foreign Disaster Assistance
OHRP: Office for Human Research Protections
OMB: Office of Management and Budget
OOTW: operations other than war
OR: operating room
OSD: Office of the Secretary of Defense
OSRD: Office for Scientific Research and Development

P

PA: physician assistant
PAHO: Pan American Health Organization
PAS: physician assisted suicide
PB: pyridostigmine bromide
PDF: Panamanian Defense Forces
PEIS: programmatic environmental impact statement
PERSCOM: Personnel Command
PHS: Public Health Service
PIES: proximity, immediacy, expectancy, simplicity
PLO: Palestine Liberation Organization
PME: professional military ethic
PNE: Peaceful Uses of Nuclear Energy
POW: prisoner of war
POWs: prisoners of war
PPOs: preferred provider organizations
PRIMUS: Primary Care for the Uniformed Services
PSA: prostate-specific antigen
PTSD: posttraumatic stress disorder

R

RAF: Royal Air Force
R&D: research and development
Res.: Resolution
RIF: reduction in force
RM: Reichsmarks
ROEs: Rules of Engagement
ROWPU: reverse osmosis water purification unit
RVN: Republic of Vietnam

S

S-3s: operations and training officers
SA: *Sturmabteilung* (storm trooper)
SALT I: Strategic Arms Limitation Treaty I
SAP: Security Assistance Program
SD: *Sicherheitsdienst* (security service)
SEALs: Sea, Air, and Land (forces)
SENOT: Marine Emergency (code name for hypothermia tests)
SICU: surgical intensive care unit
SLBMs: Sea-launched ballistic missiles
SMEE: Subject Matter Expert Exchange
SOCOM: Special Operations Command
SOD: Special Operations Division
SOUTHCOM: Southern Command
SPA: Single Project Assurance
SS: *Schutzstaffel* (protection echelon)
SSBCOM: Soldier Systems Biological and Chemical Command
SSG: staff sergeant
START: Strategic Arms Reduction Treaty
STDs: sexually transmitted diseases

T

TO: theater of operations
TQM: Total Quality Management
TRADOC: Training and Doctrine Command
TRICARE: Tri-service Care

U

UC: University of California
UCLA: University of California at Los Angeles
UCMJ: Uniform Code of Military Justice
UCSF: University of California at San Francisco
UN: United Nations
UNAIDS: Joint United Nations Programme on HIV / AIDS
UNICEF: United Nations Children's Relief Fund (originally known as United Nations International Children's Emergency Fund)
UNO: United Nations Organization
U-Pack: [inflatable] unit pack
URL: universal resource locator
USAHSC: US Army Health Services Command
USAID: US Agency for International Development
USAMRDC: US Army Medical Research and Development Command
USAMRIID: US Army Medical Research Institute for Infectious Diseases
USARIEM: US Army Research Institute of Environmental Medicine
USC: United States Code
USIS: United States Information Service
USMA: United States Military Academy
USSR: Union of Soviet Socialist Republics
USUHS: Uniformed Services University of the Health Sciences

V

VA: Veterans Affairs
VEE: Venezuelan equine encephalomyelitis

W

WHO: World Health Organization
WMA: World Medical Association
WRAIR: Walter Reed Army Institute of Research

X

XO: executive officer

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